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DONEGAL	L GROUP INC									
Form 4	2017									
January 03,	ЛЛ		GEGU						т	APPROVAL
	UNITED	STATES		RITIES A				COMMISSION	OMB Number:	3235-0287
Check t if no loi	nger STATEN	MENT OI	F CHAI	NGES IN	BENEI	FICI	AL OW	NERSHIP OF	Expires:	January 31, 2005
subject Section Form 4 Form 5 obligati may con <i>See</i> Inst 1(b).	16. or Filed put ons ntinue.	rsuant to S (a) of the I	Section Public U	SECUI 16(a) of th	RITIES he Secur lding Co	ities mpai	Exchang ny Act o	ge Act of 1934, f 1935 or Sectio	burden he response	•
(Print or Type	Responses)									
	Address of Reporting JS DONALD H	Person [*]	Symbol	er Name an GAL GR			-	5. Relationship o Issuer		
(Last)	(First) (Middle)	3. Date of Earliest Transaction (Check				ek all applicable)			
1195 RIVE	ER ROAD, PO BO	OX 302	(Month/ 01/03/2	Day/Year) 2017				below)	e title 10 below) See Remarks	0% Owner Other (specify
MARIETT	(Street) TA, PA 17547			endment, D onth/Day/Yea	-	ıal		6. Individual or J Applicable Line) _X_ Form filed by Form filed by P Person	One Reporting	Person
(City)	(State)	(Zip)	Tab	de I - Non-J	Derivativ	e Sect	urities Acc	quired, Disposed o	f or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ed Date, if	3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or D (Instr. 3,	ties A ispose 4 and (A) or	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Class A Common Stock (1)	01/03/2017			А	500	А	\$ 17.48	113,728.869	D	
Class A Common Stock								188,867.104	I	401(k) Plan
Class A Common Stock								16,365.798	I	Spouse
Class A Common								166,369	Ι	Family Foundation

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Stock			
Class B Common Stock	130,210.44	D	
Class B Common Stock	51,802.461	I	401(k) Plan
Class B Common Stock	589	Ι	Spouse
Class B Common Stock	3,938	Ι	Family Foundation

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	0ľ Numbor		
						Exercisable	Date	The	Number of		
				Code V	(Λ) (D)				Shares		
				Coue v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
r. o	Director	10% Owner	Officer	Other			
NIKOLAUS DONALD H							
1195 RIVER ROAD	х			See Remarks			
PO BOX 302	Δ			See Remarks			
MARIETTA, PA 17547							

Signatures

Donald H. Nikolaus

01/03/2017

Signature of
Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Grant for Directors Equity Incentive Plan

Remarks:

Reporting Person is Chairman of the Board of Donegal Group Inc. ("DGI"). Reporting Person is also President, CEO and Cha

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.